

ASSIGNMENT

From:

Date:

Estimated Cost:

OD

TP

WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SHC 561 L

at Workshop m/s

ComfortDelGro Engineering

of

Insured:

SDV 6898Z

Policy No.

Claims No.

MT/1129927-001

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SH C 561 L

Yr Regn:

30 APR 2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

HYUNDAI IONIQ

Colour:

YELLOW

Sp. Reading:

245,446

Eng/No:

C/No:

KMA C 851CN KU141351

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 195/65 R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

WESTLAK (CF), DAVANTI (R)

Front

Rear

R/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

21/4/2021

D.O.I.

26/4/2021

Survey held at

CDGRE LOYANG

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

FRONT OFF-SIDE NEAR-SIDE

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
28/4/2021	FINALIZED PART BY PART REPAIR \$600.00 / 2 REPAIR DAYS (RED \$444.72; 43%)

Date/Time, File Pass to?

1) 28/4 TYPIST

Date/Time, File Return to?

2)

☐ : Preli. Report
 ☐ : Final Report

Report Format : TP

Lump Sum / I.B.I: (\$ 600)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)
 ☐ : Interview (\$)
 ☐ : Tech. Invs (\$)
 ☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Noted - (PIP)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.04.2021

REPAIR ESTIMATE

Time: 11:24:38

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305465450
REGN NO : SHC 561L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.04.2019
DATE/TIME IN : 26.04.2021 10:45
ACCIDENT DATE : 21.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G COVER-FR BUMPER# 1 430.90 20.00 344.72 ~~250~~

SUB-TOTAL : 344.72

JOB NATURE

0000 PB PANEL BEATING

~~400.00~~ ~~250~~ 350

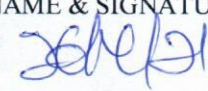
0001 SP SPRAYPAINT CHARGE

~~300.00~~ 250

SUB-TOTAL : 700.00

TOTAL : 1,044.72

MVA NAME & SIGNATURE

DATE: 

SURVEYOR NAME & SIGNATURE

DATE:

AUTHORISED : YES / NO

NAZUKK
PIP

26/4/2021 1230

2 DAYS

AFTER PAINT PHOTOS

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.:305465450

Customer: CITYCAB PTE LTD
Customer NO. 7010070
Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

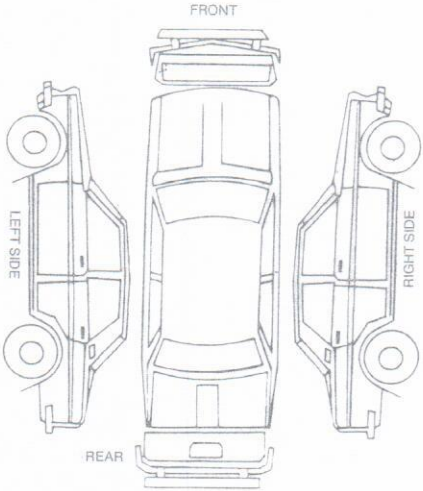
REGN NO. SHC 561L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 26.04.2021 10:45
YR OF MANU. 30.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141351	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.04.2021
Nature: 3P 21.4.2021

/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHC 561L JU NTUC LKK

Vehicle No.: SHC 561L

Service Advisor Signature/Date

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	22/04/2021 12:21 (SGT)
Date of Accident	21/04/2021 11:30 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC561L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96326118
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	NIAH CHING WAH
NRIC No	SXXXX935I

Date Of Birth	17/11/1955
Occupation	Outdoor
Date Of Driving Pass	01/07/1977
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96326118
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 315 SERANGOON AVENUE 2 #04-212
Address complement	-
Postcode	550315
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Roundabout
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I MOVING FORWARD AFTER THE GREEN LIGHT. SUDDENLY VEHICLE B FROM MY LEFT SIDE ENCROACHED TO MY LANE AND HIT MY TAXI RIGHT FRONT PORTION. VEHICLE B RUN AWAY AFTER THE IMPACT. AFTER THE IMPACT I HORN TO VEHICLE B BUT HE NEVER STOP AND CONTINUE GO OFF. I WAS ALONE AND INJURED. VIDEO FOOTAGE CAPTURED THE VEHICLE REGISTERED NUMBER AND INCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDV6898Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-



Contact Number		-
Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		-

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

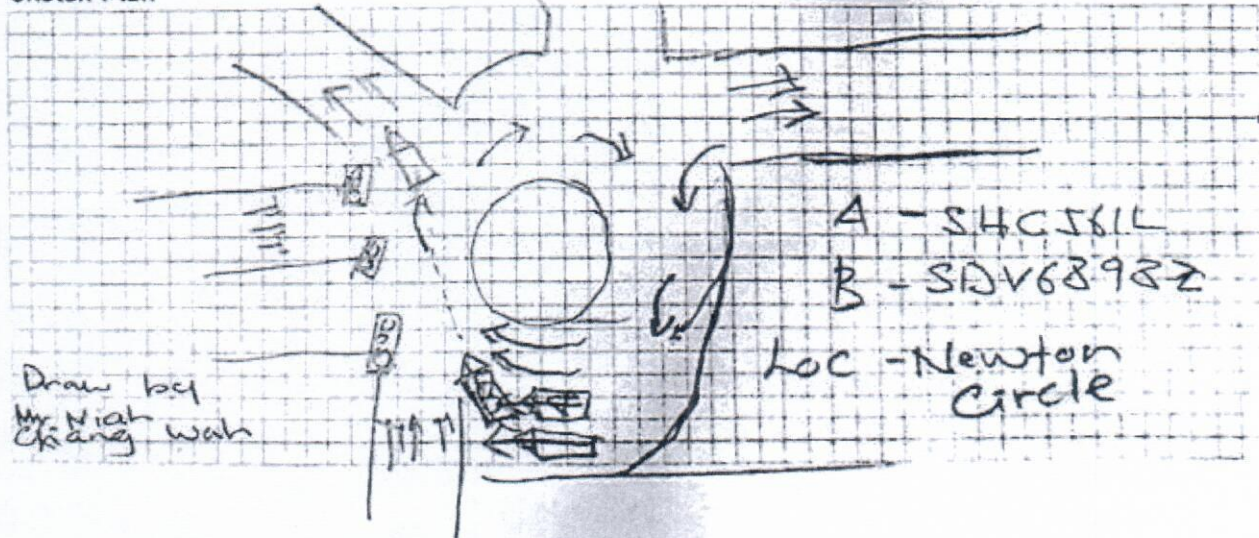
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

21/4/21 15:10hrs

Sketch Plan

Describe Circumstances of the Accident

I moving forward after the green light. Suddenly vehicle B from my left side encroached to my lane and hit my taxi right front portion. Vehicle B run away after the impact. After the impact I horn to vehicle B but he never stop and continue go off. I was alone and injuries. Video footage captured the vehicle registered number and incident.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel Del Hashim 21/4/21 15:00 hrs

